SCJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99) 2. PERSON REPRESENTED VOUCHER NUMBER 4. DIST. DKT./DEF. NUMBER 6. OTHER DKT. NUMBER 3 MAG DKT/DEF NUMBER 5. APPEALS DKT./DEF. NUMBER 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE □ Petty Offense ☐ Adult Defendant \square Appellant ☐ Felony (See Instructions) ☐ Juvenile Defendant ☐ Misdemeanor ☐ Other ☐ Appellee ☐ Appeal ☐ Other 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), 13. COURT ORDER ☐ O Appointing Counsel AND MAILING ADDRESS ☐ C Co-Counsel \square R Subs For Retained Attorney ☐ F Subs For Federal Defender ☐ P Subs For Panel Attorney ☐ Y Standby Counsel Prior Attorney's Appointment Dates: ☐ Because the above-named person represented has testified under oath or has otherwise Telephone Number: satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) name appears in Item 12 is appointed to represent this person in this case, OR ☐ Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time ☐ YES ☐ NO **CLAIM FOR SERVICES AND EXPENSES** FOR COURT USE ONLY MATH/TECH. MATH/TECH. TOTAL HOURS ADDITIONAL ADJUSTED ${\tt CATEGORIES} \ (\textit{Attach itemization of services with dates})$ AMOUNT ADJUSTED CLAIMED REVIEW HOURS AMOUNT CLAIMED 15. a. Arraignment and/or Plea b. Bail and Detention Hearings Motion Hearings d Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR = \$ TOTALS: a. Interviews and Conferences b. Obtaining and reviewing records ot c. Legal research and brief writing d. Travel time Investigative and other work (Specify on additional sheets) (RATE PER HOUR =\$ TOTALS: Travel Expenses (lodging, parking, meals, mileage, etc.) Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 20. APPOINTMENT TERMINATION DATE 21. CASE DISPOSITION IF OTHER THAN CASE COMPLETION 22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment □ YES □ NO If yes, were you paid?

YES Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?

YES

NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney APPROVED FOR PAYMENT -COURT USE ONLY 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT. 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE/MAG. JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED

DATE

34a. JUDGE CODE

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved

in excess of the statutory threshold amount.